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REQUEST FOR CONTINUED EXAMINATION (RCE) TRANSMITTAL

To Commissioner For Patents

Please enter the following submission and withdraw the finality of the proceeding office action or withdraw any pending appeal and reopen prosecution before the Examiner.

Application Number	09/111,511-2100
Filing Date	October 7, 1999
First Named Inventor	Ramaswamy
Group Art Unit	2172
Examiner Name	Sanjiv Shah
Attorney Docket Number	PHA 23,780

This is an RCE under 37 C.F.R. § 1.114 of the above-identified application (which is made prior to: payment of issue fee; abandonment; notice of appeal to the CAFC; or commencement of civil action under 35 U.S.C. 145 or 146.)

1. Submission required under 37 C.F.R. § 1.114

a. ☒ Previously submittedi. ☒ Consider the amendment(s)/reply under 37 C.F.R. § 1.116 previously filed on October 3, 2002
(Any unentered amendment(s) referred to above will be entered).ii. ☐ Consider the arguments in the Appeal Brief or Reply Brief previously filed on 11-00-01iii. ☐ Other 09/14/2003 WNEEDIT 00000006 141270 09/14/2003b. ☐ Enclosedi. ☐ Amendment/Replyii. ☐ Affidavit(s)/Declaration(s)iii. ☐ Information Disclosure Statement (IDS)iv. ☐ Other (may not be a brief)

2. Miscellaneous

a. ☐ Suspension of action on the above-identified application is requested under 37 C.F.R. § 1.103(c) for a period of _____ months. (May not exceed 3 months; Fee required per 37 C.F.R. § 1.117(i))b. ☐ Other _____

3. Fees

a. ☒ The Commissioner For Patents is hereby authorized to charge all required fees except the issue fee or credit any overpayments, to Deposit Account No. 14-1270

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED

Name (Print Type)	Tony E. Piotrowski	Registration No. (Attorney/Agent)	42,080
Signature		Date	11/4/02

CERTIFICATE OF MAILING OR TRANSMISSION

I hereby certify that this is being deposited with the U.S. Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner For Patents, Box RCE, Washington, DC 20231, or facsimile transmitted to the U.S. Patent and Trademark Office tel# _____ on the date below:

Name (Print Type)	Elissa DeLuccy
Signature	
Date	11/4/02

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